

Goals and Benchmarks Workgroup

Meeting Minutes: 4/1/08

Documents Provided: Meeting minutes from 1-17-08 meeting

Present: Doug Wegh, Hettinger County Social Services, Linda Wurtz, AARP, Linda Wright, ND Dept of Human Services, Aging Services Division, Jake Reuter, DHS, Money Follows the Person Grant Program Manager, Gloria Glasgow, Ward County Social Services, Dianne Sheppard, The ARC of ND, Royce Schulz, Dakota Center for Independent Living, and Marcia Gums, Ann Carlson Center.

1. Introductions were made by members with the addition of Marcia Gums from the Ann Carlson Center (ACC) of Jamestown, ND noted.
2. Marcia provided a brief overview of the ACC's recent initiatives and work. ACC is providing education related to Autism Spectrum related issues. They are providing serves to medically fragile children and are working to provide outreach to families and young adults with special needs. In addition they are working on promoting the development of the Shared Living Home concept to support persons that have significant behavior management issues in a home environment. Other states have implemented this program design with good success.

The Shared Living Concept would involve a family being licensed as a foster home but would be only able to serve one person at a time. One spouse is required to be in the home full time. The family is provided with the training and support that they need to offer the environmental supports needed to meet the person's needs. In the states that have implanted this concept they are paying around \$35,000 a year tax free income. Day supports such as work opportunities are also provided.

3. The Developmental Center (DC) Transition Task Force is working toward the implementation of crisis Intervention teams in Bismarck and at the Developmental Center at this time and the work was reviewed. This includes the plan to implement this process over the next several months.

Areas identified that need to additionally be addressed to assure that the community provider capacity to support the increasing needs of those persons being transitioned from the DC include:

- a. Adequate numbers of behavior analysts
- b. Adequate funding for ISLA and MSLA services
- c. Salary and Benefits to attract and retain qualified staff
- d. Adequate Occupational and Physical Therapy professionals
- e. Adequate direct service professionals
- f. Improved training for all staff in the service system

Concerns were noted about the young adults being admitted to the DC after completing school due to the inability of community providers being able to meet their needs. In addition concern was noted about older adults with a developmental disability returning to the DC if their needs cannot be met in a nursing facility or by another community provider.

Dianne noted that there are currently 117 persons with a Developmental Disability residing in nursing facilities around the state of ND. Concerns were noted about the NF staff not always having the DD specific training to fully meet the needs of persons with a Developmental Disability.

Overall the need to build community capacity was emphasized and is one of the primary focuses of the DC Transition Task Force. The DC's goal is to transition 60 persons to the community by 2011. This includes a target population of 97 by 7-1-09 and 67 by 7-1-11. This goal will be more difficult if community providers are not better able to serve the higher need young adult coming out of the school system.

Dianne related the goal of serving all persons in community setting. She also noted that the need to promote quality of life over cost savings is the key to securing system change and role changes for the DC and its staff.

The system is generally very reluctant to let go of the institution and tends to send people to the institution when funding for community providers is cut back in difficult economic times.

Trend to move to persons to larger communities due to service availability is very real and will likely continue.

It was noted that we need to design services and funding around what the needs of the consumer are and not design programs around funding sources only.

4. It was noted the Aging Services, Medical Services, and Developmental Disabilities are meeting to address the Adult Foster Care services offered at this time. Areas of review include identification of barriers, review of reimbursement, and program policy and rules.

Grand Forks' Counties effort to recruit new Adult Family Foster Homes was reviewed including their recruitment flier and information.

5. Emergency Nurse Helpline-Bids of \$25 per person per month for persons transitioned from a NF and \$40 per person per month for persons transitioned from the DC was reviewed with the workgroup. These bids are much higher than anticipated and alternatives were discussed. It was suggested that the ND State Hospital and Developmental Center be contacted about providing the service or

to consider regional home health care providers. The MFP Program Administrator will initiate contact about these suggestions.

6. Concerns were raised about MFP participants losing MA Eligibility after a move to the community due to changes in their financial situation such as reduced recipient liability. It was noted this will be addressed by the Transition Coordinator with HCBS Case Manager early in the process to prevent and surprise to the participant. We want to prevent to the extent possible any back lash to the Transition Coordinators for changes that would result in a negative outcome for the participant.
7. Medical Services will propose an Optional Adjust Requests to increase the Medically Needy Limits. In addition the numbers of Personal Care Units-960 or 240 hours per month that are currently allowed were discussed at length. What do we need to accomplish successful transitions was the question proposed to the workgroup. The suggestion made was to offer a third tier of Personal Care Services that would be at three fourths the amount of an average daily nursing facility rate. It was suggested that this third tier be offered only with approval of state HCBS staff for the highest need consumers. The number of hours discussed was 10 to 12 per day. This will be discussed with the Medical Services Administrative staff.
8. The new Targeted Case Management Regulation Implementation was reviewed briefly with the Operational Protocol changes made to meet these new rules previously discussed.
9. The Operational Protocol approval process was reviewed including that other states have had the process take up to four months to be approved. Concerns about Benchmark approval was relayed to the workgroup by Jake. The grantee OP review call with CMS is to take place sometime in April.

It was noted that no word on the ADRC grant request has yet been received from CMS. It was noted however that Cass County has a collaborative process that has been working to simplify access to in-home services.

10. Housing –Letters to PHA and CAP and other Rehabilitation Providers will be sent out by Jake. In addition the idea of the development of a housing trust fund was reviewed it was noted that Jake will be attending the initial meeting on 4/2/08.
11. Prioritization of Transitions was reviewed at length by the workgroup in light of the number of potential referrals that will occur once the protocol has been approved. Each individual will be contacted individually to inquire about their interest in grant participation. The workgroup suggested that the larger cities be the first point of contact. Priorities were discussed that included the use of assessments scores and levels of need. No age prioritization was recommended. Support by family and services to meet their need also to be considered. It was

agreed that the CIL directors would be contacted related to this issue for suggestions as would the adult services planning group. A tentative prioritization process would then be developed and offered for review to the stakeholder group.

12. Linda Wurtz of AARP provided an overview of the transportation summit schedule for later this week. She noted that the hope is to prompt a "Transportation Coordination" model throughout the state for the purpose of utilizing all the available transportation providers such as school, transit buses, cabs, Metro Area transit providers etc. The hope is to create a central data base and regional connections. NDSU is also working in this area. Linda reported that she would keep the workgroup informed of the progress of this initiative.
13. Contingency Fund Development-It was communicated that a request has been made by the MFP Program Administrator for funding a contingency fund to assure payment for one time transition costs that cannot be paid for by the grant as the result of a MFP participant not moving from the institution. Jake will communicate the success of this request.
14. Outreach and Marketing-Jake will be proving a booth at the Long Term Care and ND Association of Community Facility conferences over the next month. In addition the regional training offered by Options in Grand Forks was reviewed and it was proposed that similar training occur in each of the four regions. Jake will also discuss with the ND Long Term Care Social Worker Association the issue of addition training for Social Workers.
15. The Assessment training that the Transition Coordinators completed this past week was reviewed along with the training manual.
16. Concerns about long term funding support for community support services were reviewed. The need to communicate the need to expand funding for these services was emphasized as a priority of the MFP grant process.
17. The next workgroup meeting was scheduled for Tuesday July 15, 2008. The meeting will be at the AARP Office in Bismarck.